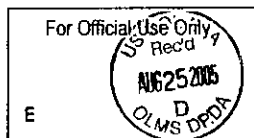


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/> <u>2427</u>	2. Fiscal Year Covered From: <u>AMENDED</u> <input type="text"/> / <input type="text"/> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>GARY H Jorgensen</u> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>302 South Waverly Rd.</u> City <u>Lansing</u> State <u>Mich</u> ZIP Code + 4 <u>48917</u>	4. Name, file number, and address of labor organization. Name <u>AF-CIO, OLC, Laborers AF-CIO</u> Labor Organization File Number <u>011-995</u> P.O. Box, Building and Room Number, if any <input type="text"/> Street <u>302 South Waverly Rd.</u> City <u>Lansing</u> State <u>Mich</u> ZIP Code + 4 <u>48917</u>
5. Position in labor organization. <u>District Council Business Manager</u>	

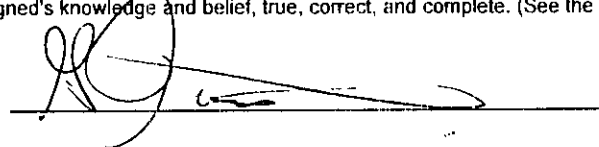
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7. a. Nature of Interest, Transaction, or Income. <input type="text"/> 7. b. Amount. <input type="text"/>

Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8-15-05  
Date

517 321-2349  
Telephone Number

Name of Person Filing <u>Gary Jorgensen</u>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b>  Name <u>Mich. Laborers Health Care Fund</u>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <u>6525 Centurion Drive</u>  City <u>Lansing</u>  State <u>Mich</u> ZIP Code + 4 <u>48917</u>	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <u>Mich. Laborers H.C. Fund</u>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <u>6525 Centurion Dr</u>  City <u>Lansing</u>  State <u>Mich</u> ZIP Code + 4 <u>48917</u>	<b>11.a. Nature of such dealing.</b> <u>INTL. Foundation of Employee Benefit Plan educational conference.</u>  <b>11.b. Approximate dollar value of such dealing.</b>  <b>12.a. Nature of interest held or income received.</b> <u>Pre-Conference Classes for the Institute educational conference</u>  <b>12.b. Amount.</b> <u>3197.64</u>
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**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<b>13.a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  <b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <b>14.b. Amount of payment.</b>  
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Name of Person Filing		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Mich. Laborers Health Care Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>6525 Centurian Dr.</u></p> <p>City <u>Lansing</u></p> <p>State <u>Mich</u> ZIP Code + 4 <u>48917</u></p>		<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Mich. Laborers H.C. Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>6525 Centurian Dr.</u></p> <p>City <u>Lansing</u></p> <p>State <u>Mich</u> ZIP Code + 4 <u>48917</u></p>		<p>11.a. Nature of such dealing.</p> <p><u>Laborers Tri-Fund Conference</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Training and Health Care Educational Seminars.</u></p> <p>12.b. Amount. <u>1768.00</u></p>

Name of Person Filing <u>Gary Jorgensen</u>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <u>Spartan Travel</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>3032 Lake Lansing Rd</u> City <u>East Lansing</u> State <u>Mich</u> ZIP Code + 4 <u>48823</u>	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <u>Mich Laborers Health Care Fund</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>6525 Centurus Dr.</u> City <u>Lansing</u> State <u>Mich</u> ZIP Code + 4 <u>48917</u>	<b>11.a. Nature of such dealing.</b> <div style="border: 1px solid black; padding: 10px; margin: 5px;"> <u>Joint Board of Trustees Meetings</u> </div> <b>11.b. Approximate dollar value of such dealing.</b> <u>9757</u> <b>12.a. Nature of interest held or income received.</b> <div style="border: 1px solid black; padding: 10px; margin: 5px;"> <u>Overnight Lodging for Joint Board Mtgs.</u> </div> <b>12.b. Amount.</b> <span style="border: 1px solid black; padding: 2px;"><u>9757</u></span>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; height: 150px; margin: 5px;"></div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>

